

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-weight: bold;">10-676427</div>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	✓									
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10-676427

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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total dep	13					
total depend	17					
total claims	30					

		* Additional claims or amendments		*		
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Total Indep						
Total Depend						
Total Claims						